

Summary of the USAID Mission Satisfaction Survey in 2004

On the POLICY Project's Work

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Introduction

USAID awarded a contract for the POLICY Project to The Futures Group, International (TFGI) in 2000. Subcontractors include the Centre for Development and Population Activities and the Research Triangle Institute. The contract for this project is a single five-year cost-reimbursement-plus-award fee. The project is evaluated on an annual basis to determine eligibility for the award fee. The POLICY Project's work was assessed in May 2002 and again in May-June 2003 on the basis of USAID Missions' satisfaction with the quality and timeliness of the project's activities. The Project's work was evaluated a third time in May 2004.

Methodology

An independent consultant conducted a survey of staff working in nine USAID country missions and also staff working for the Asia and Near East (ANE) region. Two staff members each were interviewed in three country missions (Malawi, Mali, and Jamaica) and in the ANE region (one based in Bangkok and the other in Washington, D.C.). Two respondents provided written answers (Nigeria and Nepal), and all other staff were interviewed by telephone between May 3-21, 2004. There were a total of 14 respondents.

As in the first two rounds of this survey, USAID/Washington and TFGI staff jointly selected country and regional activities to ensure reasonable representation of the POLICY Project's work. The countries and regions in the 2004 survey include three of USAID's four geographic regions (no E&E country was included).

Country and Regional Activities included in Mission Satisfaction Survey May 2004

<u>Africa</u>	<u>ANE</u>	<u>LAC</u>
Ethiopia	India	Jamaica
Madagascar	Nepal	
Malawi	Vietnam	
Mali	Regional staff based	
Nigeria	in Bangkok and	
	Washington, D.C.	

Two of the nine countries in the sample have large programs (India and Nigeria) with obligations of \$5.6 million and \$8.6 million respectively for years one through four. The other seven countries have smaller programs with obligations ranging from \$935,000 for

Madagascar to \$1.5 for Mali and Vietnam. The ANE region's obligations for years one through four total \$2.7 million.

Based on the interviews and a review of country packets prepared by POLICY Project staff, it is possible to characterize the areas of program emphasis. Four of the countries in the sample have various *current* policy activities in family planning/reproductive health (FP/RH) and HIV/AIDS (Madagascar, Mali, Nigeria, and India). Three countries (Malawi, Nepal, and Vietnam) and the ANE region have activities primarily in HIV/AIDS. Ethiopia and Jamaica are carrying out work in FP/RH. Nigeria is the only country currently carrying out policy work in maternal and child health.

As in the past, the Quality Assurance and Evaluation Advisor on TFGI's staff and the POLICY Project's CTOs prepared the survey questionnaire. It is similar to the questionnaire used in 2003 although two questions were deleted that did not generate much response from Mission staff in the 2003 interviews. One of these was an open-ended question comparing POLICY's work in different program areas (FP/RH, HIV/AIDS, and Safe Motherhood). The other was an open-ended question on the frequency and timeliness of the Project's reports. Appendix A is a copy of the questionnaire, and Appendix B is a copy of all completed questionnaires.

Survey Results

The results of the survey are presented in the table below for the four closed-ended questions (Nos. 1, 2, 3 and 8) and in separate narrative summaries for the four open-ended questions (Nos. 4-7). In general, the POLICY Project continues to receive very good scores from USAID missions although there is a range among responses from good to excellent for all four closed-ended questions. The technical quality of the work is well considered, staff members are seen to have very good qualifications for the various assigned tasks, and work with counterpart organizations in the nine countries and one region is also very good. Timeliness of reporting and technical products is viewed very favorably. The responses to the opened-ended questions show that the POLICY Project is considered a vital player in USAID Missions' policy work in the respective countries.

Summary of USAID Mission Responses to Questions Nos. 1, 2, 3 and 8 on Quality and Timelines of the POLICY Project's Work

Question	Scores Given by Missions	
	Average	Range
1. Technical Quality	88.1	78 – 99
2. Staff Qualifications	90.0	80-100
3. Work w/ Counterparts	89.6	75 – 98
8. Timely Reporting	88.6	75-100

Question 4. What are some examples of the POLICY Project's work in your country that you have been particularly pleased with?

Staff members of all nine USAID Missions and the ANE region gave many examples of the POLICY Project's work in their countries and region with which they had been particularly pleased. The *process* by which the Project helped to develop policies was the most frequently cited example of such work. In particular, the involvement of key elements in society (e.g., government, civil society, religious leaders or church-based groups, or People Living With AIDS (PLWA)) was lauded by staff in Malawi, Mali, Nigeria, India, Nepal, and Vietnam. Similarly, a multi-sector approach to youth policy using regional workshops for consultation and input and developing a strategy framework was mentioned by staff in Jamaica. Model development (whether SPECTRUM, GOALS, or RAPID) was highlighted by staff in Ethiopia, Malawi, and the ANE region. Research on human rights and HIV/AIDS was mentioned by staff in Nepal and Vietnam.

Country-specific examples are cited below.

Africa

Ethiopia:

- National forum on Reproductive Health, where POLICY staff handled sensitive issues well.
- "Micro-level Operational Barriers to Family Planning Services" has been referred to frequently by government officials and other donors.
- Proceedings Report: National Dialogue on Reproductive Health Security in Ethiopia.
- 2002 National Family Planning Program Index.
- The updated RAPID model was well presented and well received.
- Introduction of the Safe Motherhood Model.

Madagascar:

- In dealing with contraceptive security, it was a coup to get the World Bank's resident representative interested. POLICY has done a good job of keeping different organizations on board in dealing with the commodities issue. The plan is to integrate contraceptives with essential drugs, and POLICY continues to be persistent on this issue.
- POLICY's work started with a large team of experts on contraceptive security. POLICY organized a workshop in which the participants were very engaged. The workshop produced a "big bang" although the follow-on work is a challenge.
- Also noted were POLICY's work at the district health level and the development of models for improved management and training. The work is on track but not yet finished. POLICY staff continues to emphasize the need to integrate contraceptives with essential drugs.

Malawi:

- The development of the HIV/AIDS policy was very good in that stakeholders were involved from the government and civil society. There was a high level of technical support. The USAID Mission, the MOH, the Office of the President and the National ADIS Commission were all extremely pleased.

Mali:

- In general POLICY's work gets high visibility such as involving religious leaders.
- The development of the RAPID model and the associated training that reached down to the local level were noted.
- POLICY was flexible in helping with the development of the HIV/AIDS policy and also the management structure of the program.
- In working with religious leaders and communities on family planning and HIV/AIDS, POLICY has enabled them to understand the need for family planning and safe sex.

Nigeria:

- As cited above, the Mission has been pleased with the process by which policies are arrived at that involves all elements of society.

ANE

India:

- POLICY's organized excellent deliberations on HIV strategy for Uttar Pradesh. Many different groups were involved (e.g., MSM, PLWHA), and it was a very rich experience for implementing agency of the USAID bilateral (SIFPSA) and the State AIDS Control Society.
- POLICY has also involved church-based organizations in exploring how church health commissions can be involved with HIV/AIDS.
- POLICY's assistance helped the SIFPSA's implementation role in Uttar Pradesh.
- The annual indicator survey, which included both project and non-project areas this year, was carried out in only 6 weeks and provided timely, useful data.

Nepal:

- Support to PLWHA groups.
- The legislative audit on HIV/AIDS and human rights.
- The media analysis of reporting on HIV/AIDS in Nepal.

Vietnam:

- POLICY's input on the development of the National HIV/AIDS Strategy.
- Collaboration with the national party on human rights research related to HIV/AIDS.
- The development of an HIV/AIDS health policy curriculum in collaboration with Harvard University. The curriculum is intended to be given at the Ho Chi Minh Political Academy for all politicians attending the academy.
- Advocacy for Greater Involvement of People with AIDS (GIPA) and especially the involvement of the PLWA in the international WHO 3 by 5 program.

Regional:

- POLICY's mode of deciding on a particular model to develop (such as the GOALS model), testing it in one place (e.g., Vietnam), refining it, and then applying across the region is much appreciated.
- Report on 100% condom use and also work on drug use in Cambodia.
- Research on sex workers living with AIDS and teaching them to do their own participatory research.
- POLICY's work on PLWA in Vietnam.

LAC

Jamaica:

- Strategic framework for RH
- Multi-sector approach for youth policy (using regional workshops with good consultation and sharing) and development of a strategy framework.
- The implementation and dissemination of the Policy Environment Score.
- Various deliverables from the earlier period (2000-2001) including the programmatic inventory.

Question 5. What are some areas in which POLICY could further improve the project's work?

Almost all respondents cited at least one area that could be improved in the Project's work. Several of these areas for improvement were common to two Missions. Staff in Mali and Jamaica would like to see a stronger link between advocacy work and the development and implementation of action plans. For example, the respondent from Mali stated policy work doesn't translate into increased use of services and given that USAID is indicator driven, it is hard to decide whether to invest in POLICY or IEC activities related to behavior change. In contrast, the respondent from Jamaica saw a gap between policy work and implementation of work plans and wondered whose job it was to ensure that plans are implemented.

Two Mission staff suggested ways to improve the working relationship between POLICY's resident staff and USAID. In Nigeria, there needs to be more dialogue by

POLICY's resident staff with the USAID Mission "to ensure agreement on the way forward." In Malawi, the resident advisor would have benefited from greater mentoring and support from the POLICY Project to learn how best to work with the Mission and to understand the dynamic between the USAID Mission and USAID/Washington. In an issue also related to the staff performance, USAID staff in Ethiopia suggested that the need for staff to be more open to and proficient in new approaches to working with partners.

USAID staff also suggested improvements in the quality of report editing (particularly for some consultants in the ANE region) and timeliness as well as quality of reporting (Nepal).

Country-specific examples are cited below.

Africa

Ethiopia:

- As cited above, POLICY staff, and especially the senior resident advisor, needs to be more open to new approaches that can be used with partners to reach consensus (e.g., the Visual Participatory Process).

Madagascar:

- The government needs to play a leadership role on the commodity issue. Although POLICY is working hard on this and it will take time, perhaps the concept of Reproductive Health Commodity Security needs to be broken down so government understands what it really means.

Malawi:

- While SPECTRUM is excellent, it would have been better if it had been used more.
- As cited above, the resident advisor would have benefited from more mentoring and support in learning to work with USAID, especially on sensitive issues. In addition, the resident advisor needs a better understanding of the dynamic between the USAID Mission and USAID/Washington.

Mali:

- As cited above, POLICY needs to make more explicit the link between advocacy work and behavior change for HIV/AIDS. The continuum could go from the AIM model to influencing HIV/AIDS groups such as the Association for Midwives and then to help this group develop a work plan. At that point, the implementation of the work plan could be handed off to other groups. In sum, higher level policy work needs to translate into concrete action plans.
- POLICY's work on nutrition modeling (PROFILES) was a bit of a stretch since there wasn't expertise in this area. The Project willingly handed over work to another group with expertise so all is well now.

Nigeria:

- As cited above, there needs to be more dialogue and consultation with the Mission about where policy work needs to be and “to ensure agreement on the way forward.”

ANE

India:

- POLICY is wholly USAID funded, and perhaps it is time to broaden the base of donor support (e.g., Gates, DIFD) which would allow for increasing the level of work and the staff.

Nepal:

- There needs to be improvement in the quality and timeliness of report editing.

Vietnam:

- The POLICY country director and the resident advisor are stretched thin. They are aware of problem and know they need to get a higher level office manager to help them.

Regional:

- There is a global lesson in that policy change is critical for effective HIV/AIDS programs. It is unfortunate that this lesson from family planning wasn't applied sooner to the HIV/AIDS field. Given the issues of stigma and discrimination, policy development is so important to raise awareness and change policies, and there should be more funding and bigger role for policy development in future.
- POLICY needs to evaluate and critique some consultants' reports since not all consultants write as well as others. Sometime the reports are too general.

LAC

Jamaica:

- As cited above, POLICY work goes to a point on a continuum (e.g., the development of a strategic framework, regions hold workshops on it to see how to integrate into their work plans, but then there is a gap in making sure the plans are implemented. Whose job is this?
- Some USAID staff criticizes the Policy Environment Score in RH, but no one else has developed a better alternative. There is problem with sample size. What's POLICY's role in integrating this information into the MOH's work?

Question 6. How would you describe POLICY's responsiveness to USAID mission requests and program priorities? Can you give a specific example?

The POLICY Project receives excellent to very good marks on its responsiveness to USAID requests and priorities in almost all settings. USAID staff in Nigeria and Vietnam and from the ANE region used words such as “tremendous” and “excellent” to describe POLICY's responsiveness. Staff in six other Missions said the Project was “very good” or “very responsive.” Staff in one Mission, Malawi, divided its response giving an excellent for responsiveness to information requests, but describing the Project as less responsive to Mission priorities.

The country director was given high marks by Mission staff in Ethiopia, Mali, and Nigeria. An ANE regional staff member gave a strong compliment saying the POLICY “staff often has a better handle on issues than U.S. government staff.”

Additional country-specific examples are cited below.

Africa

Ethiopia:

- Very good, client focused and willing to modify work. The POLICY Project's Country Director, who understands the realities in Ethiopia, has been quick to respond to USAID's need for additional ideas for work if more funding becomes available.

Madagascar:

- Very responsive. For example, the POLICY Project revised the condom programming document to add other partners' concerns.
- POLICY maintains a key focus on the integration of contraceptives into the essential drugs list. This is a USAID priority.

Malawi:

- While POLICY is excellent in responding to information requests, it is less responsive to Mission priorities. Staff have tended to go out and look for work (e.g., if TFGI headquarters has extra core funds to spend). The staff goes first to MOH or National AIDS Commission instead of approaching the USAID Mission first, and this has created problems.

Mali:

- Very responsive. The Project's country director has been very flexible and willing to adjust priorities to respond to the needs of the Global Fund for HIV/AIDS and the World Bank project regarding HIV management structure and policy. Also, POLICY recently hired someone to help with Global Fund.

- The Project has similarly been flexible in working with Mission staff on developing work plans.

Nigeria:

- There has been tremendous support from the country director.

ANE

India:

- Very responsive. For example, the Project followed a sector-wide approach in order to leverage resources, helped develop District Action Plans for implementation of the program, expanded the scope of the annual indicator survey, and developed the HIV/AIDS strategy for Uttar Pradesh.

Nepal:

- Very responsive. For example, POLICY prepared, on very short notice, a briefing to the press requested by the American Center. The briefing was very well received.

Vietnam:

- Excellent. If the Mission introduces POLICY staff to key parties, they are very responsive in following up and working with these groups or institutions (e.g., with the women's union, Harvard University, and the World Bank).

Regional:

- Excellent. For example, POLICY responded to the opportunity of the ANE region's receiving an additional \$1.7 million funds. POLICY developed a work plan, understood all players that needed to be involved, and this effort resulted in work with ASEAN secretariat.
- Also, in initiating work on China, POLICY used effectively its organizational expertise on China (from its European office) to develop a very good work plan.

LAC

Jamaica:

- Very responsive. For example, the Project adapted the POLICY Environment Score to address adolescent RH policy. The staff is always forthcoming when asked for additional information or clarification.

Question 7. What are some other areas in which you would like to see POLICY work?

Staff at three of the nine Missions cited the need for POLICY work in other areas related to HIV/AIDS (Madagascar, India and Vietnam). Staff at another four Missions basically said no further work was needed. Malawi and Mali staff stated that their needs were being fulfilled, and no response to this question from Nepal and Nigeria was interpreted as no further need. One Mission saw no further need currently but perhaps a need in the future (Madagascar). ANE regional staff sees a need for POLICY work related to other infectious diseases. Two other staff (Mali and the ANE region) also mentioned the need to ensure that advocacy work is related to program implementation.

Selected country-specific examples are cited below.

Africa

Ethiopia:

- POLICY needs to be looking at links between FP and Mother to Child Transmission.

Madagascar:

- For now, the focus on reproductive health commodity security (RHCS) is the highest priority, and there is no desire for POLICY to extend beyond this. However, with the transition to a new project, RHCS will move from POLICY to a new project. At that time, the Mission may have POLICY work on policy advocacy for HIV to overcome the existing lack of understanding of the nature of the epidemic and the need to set priorities. Such policy work would need to address both government officials of Madagascar (despite high-level government commitment to HIV prevention) and also church leaders.

Malawi:

- POLICY has been able to fulfill all USAID Mission needs. Furthermore, the Mission lacks funds in RH so there is no opportunity for POLICY to work in this area. In addition, since the MOH isn't interested, core funds aren't the answer; the country must be willing to contribute resources to ensure sustainability.

Mali:

- The Mission is very pleased with what POLICY is doing now in FP/RH/HIV; nothing more is needed. POLICY needs to continue to push the continuum from advocacy work to project implementation (see #5 above).

ANE

India:

- POLICY could undertake more work on HIV, e.g., specific policies for the workplace and policies for pharmaceutical companies.

Vietnam:

- POLICY could work on the development of HIV/AIDS strategies for ministries other than health. Other than this area, the Project should stick with what it's doing since there is already a lot on its platter.

Regional:

- After a recent visit from Andrew Clements of ANE/Infectious Diseases, ANE regional staff in Bangkok sees policy work as the missing piece in infectious disease programs (e.g., malaria programs).
- POLICY should work more with other CAs to ensure that what it advocates is reflected in the implementation of programs in the field.

LAC

Jamaica:

- The Jamaican government is beginning to synchronize various policies (under social policy framework) through Child Development Agency in MOH. POLICY could play a lead role in bringing together all the parts to see where there is overlap. They might also be involved in implementing specific parts of the national strategic plan for youth development.